

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09783194

FILING DATE
02/21/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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32						
33						
34						
35						
36						
37			①			
38			1			
39			1			
40			1			
41						
42						
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50						
TOTAL IND.	8					
TOTAL DEP.	41					
TOTAL CLAIMS	49					

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

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